PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Apr	Application or Docket Number			
	·	CLAIMS	AS FILED -			(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
U.§	3. NATIONAL	STAGE FEES				*	7	RATE	FEE	7	RATE	FEE	
BAS	SIC FEE		SMALL ENT	Г. = \$ 150	LAR	GE ENT. = \$ 300	1	BASIC FEE		OR	BASIC FEE	301	
EX/	AMINATION FE	EE	Satisfies PCT-A (4) = \$50	` ' 1		other situations = \$ 100 / \$ 200	1	EXAM. FEE	<del>                                     </del>	<b>-</b>	EXAM. FEE	1/1/	
SEARCH FEE			U.S. is ISA = \$ ALL other cou	U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		All other situations = \$ 250 / \$ 500		SEARCH FEE	<b>†</b>	1	SEARCH FEE	47/	
FEE	E FOR EXTRA	SPEC. PGS.	min	minus 100 =		/ 50 <del>=</del>		X \$ 125 =		1	X \$ 250 =	1/~~	
тот	TAL CHARGEA	BLE CLAIMS	1 G mi	inus 20 =	*	*		X \$ 25 =		OR	X \$ 50 =	<del>                                     </del>	
INDEPENDENT CLAIMS			1 1 m	minus 3 =		. /		X \$ 100 =	<del>                                     </del>	OR	X \$ 200 =	h/1	
MUL	_TIPLE DEPEN	NDENT CLAIM PRI	ESENT					+ \$ 180 =		OR	+ \$ 360 =	1.00	
* If	the difference	e in column 1 is	less than zero	ess than zero, enter "0"		olumn 2	ļ	TOTAL		OR	TOTAL	1101	
<b>4</b>		(Column 1)  CLAIMS  REMAINING  AFTER			(Column 2) (Column 3) HIGHEST NUMBER PRESENT			SMALL E	ADDI- TIONAL	OR	OTHER SMALL E		
	No.	AMENDMENT	<del>                                     </del>	PAID F		EXTRA			FEE			FEE	
AMENDMENT	Total	*	Minus	**		=	-	X \$ 25 =		OR	X \$ 50 =		
AME	Independent	*	Minus	***	<del></del>	=	-	X \$ 100 =	-	OR	X \$ 200 =		
	FIRST PRES	SENTATION OF M	ULTIPLE DEPE	ENDENT C	LAIM		L	+ \$ 180 =		OR	+ \$ 360 =		
÷						_		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Columi	ın 2)	(Column 3)							
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
AME	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
1	FIRST PRESE	ENTATION OF MU	JLTIPLE DEPE	NDENT CI	LAIM			+ \$ 180 =		OR	+ \$ 360 =		
TOTAL ADDIT. FEE										OR T	TOTAL ADDIT. FEE		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													